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Substitute of form 1449/PTO	Application Number	10/644,720	
MATION DISCLOSURE STATEMENT BY	Filing Date	August 20, 2003	
APPLICANT	First Name Inventor	Jeffrey C. Hessenberger	
	Group Art Unit	3725	
( a se manus charte de nacasearu)	Examiner Name	Not Yet Assigned	
(use as many sheets as necessary)	Attorney Docket Number	066042-9398-01	

<u> </u>	U.S. 1	PATENT DOCUMENTS	
Examiner Jainists	U.S. Patent Document Number	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document
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x aminer laitials	Country Code	Foreign Patent Document Number .	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document	Translation	English Abstract
~	GB	2 278 736	Aggreko Generators Ltd.	12/7/1994		
7	GB	2 112 585	REMS-WERK Christian Foll und Sohne GmbH and Co.	7/20/1983		
1	GB	2 062 361	Hilti Aktiengesellschaft	5/20/1981		
1	GB	1 452 163	Hilti Aktiengesellschaft	10/13/1976		

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